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FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS	OTAL CLAIMS	s	: .w. :d	17		1 1		FFF	7		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= OR +360=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•	OR	+360=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"	If the entry in column 1 is less than the entry in column 2, write "O" in column 3 ADDIT, FEE										